

Fill	in this information to identify your ca	ase:								
	otor 1 Titania D. Bo									
	otor 2				_					
Uni	ted States Bankruptcy Court for the	: EASTERN DISTRICT	OF PENNSYLVANI	A	_					
Cas	se number 13-17698ELF					Check if this is:				
(If kr	nown)					■ An amende	ed filing			
								wing postpetition e following date:		
0	fficial Form 106l					MM / DD/ Y	YYYY			
S	chedule I: Your Inc	ome				1011017 2527 1			12/15	
spo atta	plying correct information. If you use. If you are separated and you ch a separate sheet to this form. t 1: Describe Employment Fill in your employment	r spouse is not filing wi	th you, do not incl	ude infori	natio	on about your spo	ouse. If	more space is	needed,	
1.	information.		Debtor 1			Debtor 2	Debtor 2 or non-filing spouse			
	If you have more than one job, attach a separate page with information about additional employers.	Employment status	■ Employed□ Not employed			☐ Emplo	ployed t employed			
		Occupation	Project Manage	er						
	Include part-time, seasonal, or self-employed work.	Employer's name	Temple Univer							
	Occupation may include student or homemaker, if it applies.	Employer's address	1852 N.10th Street, Philadelphia, PA 19122							
		How long employed the	nere? Dec. 2	005						
Par	Give Details About Mor	nthly Income								
	mate monthly income as of the duse unless you are separated.	ate you file this form. If y	you have nothing to	report for	any l	ine, write \$0 in the	space.	Include your no	n-filing	
	u or your non-filing spouse have mo e space, attach a separate sheet to		mbine the information	on for all e	emplo	oyers for that perso	on on the	e lines below. If	you need	
						For Debtor 1		Debtor 2 or filing spouse		
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	4,350.00	\$	N/A		
3.	Estimate and list monthly overt	ime pay.		3.	+\$	0.00	+\$_	N/A		
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$	4,350.00	\$	N/A		

Official Form 106I Schedule I: Your Income page 1

Debt	or 1	Titania D. Boddie	-	Case n	umber (if known)	13-176	98ELF		
	Copy line 4 here		4.	For Debtor 1 4. \$ 4.350.00		For Debtor 2 or non-filing spou			
	-		4.	Ψ	4,350.00	Ψ	N/A	_	
5.		all payroll deductions:	_	•		•			
	5a. 5b.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans	5a. 5b.	\$	621.07 0.00	\$	N/A N/A	_	
	5c.	Voluntary contributions for retirement plans	5c.	\$ 	0.00	\$	N/A N/A	_	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	N/A	_	
	5e.	Insurance	5e.	\$	370.00	\$	N/A	_	
	5f.	Domestic support obligations	5f.	\$	0.00	\$	N/A	_	
	5g.	Union dues	5g.	\$	54.08	\$	N/A	_	
	5h.	Other deductions. Specify: Disability Ins.	_ 5h.+	- \$	12.17	+ \$	N/A	_	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,057.32	\$	N/A	_	
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	3,292.68	\$	N/A	_	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total							
		monthly net income.	8a.	\$	0.00	\$	N/A		
	8b.	Interest and dividends	8b.	\$	0.00	\$	N/A	_	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	N/A		
	8d.	Unemployment compensation	8d.	\$	0.00	\$	N/A	_	
	8e.	Social Security	8e.	\$	0.00	\$	N/A	_	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$	N/A	_	
	8g.	Pension or retirement income	8g.	\$	0.00	\$	N/A		
	8h.	Other monthly income. Specify:	_ 8h.+	- \$	0.00	+ \$	N/A	_	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	N//	A	
10.	Cald	culate monthly income. Add line 7 + line 9.	10. \$	3	,292.68 + \$	1	N/A = \$	3,292.68	
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.							
11.	. State all other regular contributions to the expenses that you list in <i>Schedule J</i> . Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify: 11. +\$ 0.00								
12.	2. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$\frac{3,292.68}{Combined}}								
13.	Dov	ou expect an increase or decrease within the year after you file this form	?				monthl	y income	
		No.							
		Yes. Explain:							